

Fill in this information to identify the case.

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____ Chapter 7

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/25

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Rising Sun Health Services, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN)

8 6 - 3 3 8 7 5 2 7

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

4402 Vance Jackson Rd, Suite 224

Number Street

Number Street

San Antonio, TX 78230-5323

City State ZIP Code

City State ZIP Code

Bexar

County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

Debtor	<u>Rising Sun Health Services, LLC</u>	Case number (if known)
Name		
7. Describe debtor's business		
A. Check one:		
<input checked="" type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Railroad (as defined in 11 U.S.C. §101(44)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. §781(3)) <input type="checkbox"/> None of the above		
B. Check all that apply:		
<input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. §501) <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))		
C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes .		
8. Under which chapter of the Bankruptcy Code is the debtor filing?		
Check one:		
<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11. Check all that apply: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that). <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11. <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). <input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form. <input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2. <input type="checkbox"/> Chapter 12		
9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY District _____ When _____ Case number _____ MM / DD / YYYY		
If more than 2 cases, attach a separate list.		
10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ When _____ MM / DD / YYYY Case number, if known _____		

Debtor Rising Sun Health Services, LLC _____ Case number (*if known*) _____
Name _____

11. Why is the case filed in this district?**Check all that apply:**

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.
- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- No
- Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?****Check one:**

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | | | | |
|--|---|--|---------------------------------------|--|---|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,000-100,000 |
| <input type="checkbox"/> 100-199 | <input checked="" type="checkbox"/> 200-999 | <input type="checkbox"/> 10,001-25,000 | | <input type="checkbox"/> More than 100,000 | |

15. Estimated assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Rising Sun Health Services, LLC _____ Case number (if known) _____
Name _____

- 16. Estimated liabilities**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- I declare that the debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/01/2025
MM/ DD/ YYYY

X Carlos Graves

Signature of authorized representative of debtor

Carlos Graves

Printed name

Title President

18. Signature of attorney

X _____

Signature of attorney for debtor

Date _____

MM/ DD/ YYYY

David Cain

Printed name

Law Office of David T Cain

Firm name

8626 Tesoro Drive Suite 811

Number Street

San Antonio

City

TX

78217

ZIP Code

03598800

Bar number

caindt@swbell.net

Email address

TX

State

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is _____.

2. The following financial data is the latest available information and refers to the debtor's condition on _____.

a. Total assets _____ \$0.00

b. Total debts (including debts listed in 2.c., below) _____ \$30,823.65

c. Debt securities held by more than 500 holders

Approximate
number of
holders:

secured unsecured subordinated _____

d. Number of shares of preferred stock _____

e. Number of shares common stock _____

Comments, if any: _____

3. Brief description of debtor's business _____

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Fill in this information to identify the case.

Debtor Name	Rising Sun Health Services, LLC		
United States Bankruptcy Court for the:	Western	District of	Texas
Case number (if known):			

Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that give the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of general claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of
debtor's interest**

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
IBC Bank	Checking account	7 5 9 4

\$0.00

4. Other cash equivalents (*Identify all*)

4.1	
4.2	

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes. Fill in the information below.

**Deposits and
prepayments
owned or controlled
by the debtor**

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1	
7.2	

Debtor Rising Sun Health Services, LLC
Name _____

Case number (if known) _____

16.1 _____
16.2 _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

19. Raw materials_____
MM / DD / YYYY _____**20. Work in progress**_____
MM / DD / YYYY _____**21. Finished goods, including goods held for resale**_____
MM / DD / YYYY _____**22. Other inventory or supplies**_____
MM / DD / YYYY _____**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable? No Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value _____ Valuation method _____ Current value _____**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?** No Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

Debtor Rising Sun Health Services, LLC
Name _____

Case number (if known) _____

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	_____	_____	_____
29. Farm animals Examples: Livestock, poultry, farm-raised fish	_____	_____	_____
30. Farm machinery and equipment (Other than titled motor vehicles)	_____	_____	_____
31. Farm and fishing supplies, chemicals, and feed	_____	_____	_____
32. Other farming and fishing-related property not already listed in Part 6	_____	_____	_____
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.	<input type="text"/>		
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 7: Office furniture, fixtures, and equipment; and collectibles			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles? <input checked="" type="checkbox"/> No. Go to Part 8. <input type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	_____	_____	_____

Debtor Rising Sun Health Services, LLC
Name _____

Case number (if known) _____

40. Office fixtures	_____	_____	_____
41. Office equipment, including all computer equipment and communication systems equipment and software	_____	_____	_____
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles	42.1 _____	42.2 _____	42.3 _____
43. Total of Part 7 Add lines 38 through 42. Copy the total to line 86.	_____		

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No
 Yes

Part 8: Machinery, equipment, and vehicles46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
 Yes. Fill in the information below.

Current description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of depreciation taken (Where available)	Valuation method used for current value	Current value of depreciation taken
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 _____	_____	_____
47.2 _____	_____	_____
47.3 _____	_____	_____
47.4 _____	_____	_____

48. **Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels**

48.1 _____	_____	_____
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Debtor Rising Sun Health Services, LLC
Name _____

Case number (if known) _____

48.2 _____

49. Aircraft and accessories

49.1 _____

49.2 _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8

Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8? No Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?** No Yes**Part 9: Real property****54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Debtor's Parcel Number (APN), and type of property (for example, storage, factory, warehouse, apartment or office building). If available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	--	---	------------------------------------

55.1 _____

55.2 _____

55.3 _____

55.4 _____

55.5 _____

55.6 _____

56. Total of Part 9

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9? No Yes

Debtor Rising Sun Health Services, LLC
Name _____

Case number (if known) _____

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

Debtor Rising Sun Health Services, LLC
Name _____

Case number (if known) _____

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

 No. Go to Part 12. Yes. Fill in the information below.Current value of
debtor's interest**71. Notes receivable**

Description (include name of obligor)

	Total face amount	-	doubtful or uncollectible amount	= →
--	-------------------	---	----------------------------------	-----

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

	Tax year	_____
	Tax year	_____
	Tax year	_____

73. Interests in insurance policies or annuities

--	-------

74. Causes of action against third parties (whether or not a lawsuit has been filed)

--	-------

Nature of claim _____

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

--	-------

Nature of claim _____

Amount requested _____

76. Trusts, equitable or future interests in property

--	-------

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

Debtor Rising Sun Health Services, LLC
Name _____

Case number (if known) _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

 No Yes**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$0.00	
81. Deposits and prepayments. Copy line 9, Part 2.		
82. Accounts receivable. Copy line 12, Part 3.		
83. Investments. Copy line 17, Part 4.		
84. Inventory. Copy line 23, Part 5.		
85. Farming and fishing-related assets. Copy line 33, Part 6.		
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.		
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.		
88. Real property. Copy line 56, Part 9..... →		
89. Intangibles and intellectual property. Copy line 66, Part 10.		
90. All other assets. Copy line 78, Part 11.	+ _____	
91. Total. Add lines 80 through 90 for each column.....91a.	\$0.00	+ 91b. _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$0.00

Fill in this information to identify the case

Debtor name	Rising Sun Health Services, LLC		
United States Bankruptcy Court for the:	Western	District of	Texas
Case number (if known):			

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

<i>Column A</i>	<i>Column B</i>
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

2.1 Creditor's name	Describe debtor's property that is subject to a lien
_____	_____
_____	_____
Creditor's mailing address	_____
_____	_____
Creditor's email address, if known	_____
Date debt was incurred	Is the creditor an insider or related party?
_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number	Is anyone else liable on this claim?
_____	<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:
<input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	Check all that apply.
_____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

Fill in this information to identify the case:

Debtor name	Rising Sun Health Services, LLC
United States Bankruptcy Court for the:	Western District of Texas
Case number (if known):	_____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases(Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

No. Go to Part 2.
 Yes. Go to line 2.
2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address _____ _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____		
2.2 Priority creditor's name and mailing address _____ _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____		

Debtor	Rising Sun Health Services, LLC	Case number (<i>if known</i>)
Name		
Part 2: List All Creditors with NONPRIORITY Unsecured Claims		
<p>3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.</p>		
		Amount of claim
3.1 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	
CTWP	<i>Check all that apply.</i>	
PO Box 660381	<input type="checkbox"/> Contingent	
Dallas, TX 75266	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: _____	
Last 4 digits of account number	Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
3.2 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	
DME Express	\$694.12	
1400 S Garnett Rd, Suite 230	<i>Check all that apply.</i>	
Tulsa, OK 74146	<input type="checkbox"/> Contingent	
Date or dates debt was incurred	Basis for the claim: _____	
Last 4 digits of account number	Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
3.3 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	
Enclara Healthcare	\$8,106.72	
PO Box Boc 745719	<i>Check all that apply.</i>	
Atlanta, GA 30374	<input type="checkbox"/> Contingent	
Date or dates debt was incurred	Basis for the claim: _____	
Last 4 digits of account number	Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
3.4 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	
Maverick Ambulance Service	\$175.00	
1320 E Garrison St	<i>Check all that apply.</i>	
Eagle Pass, TX 78852-4926	<input type="checkbox"/> Contingent	
Date or dates debt was incurred	Basis for the claim: _____	
Last 4 digits of account number	Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

Debtor Rising Sun Health Services, LLC _____ Case number (*if known*) _____
 Name _____

Part 2: Additional Page

3.5 Nonpriority creditor's name and mailing address <u>New Way Medical Supply LLC</u> <u>Po Box 679672</u> <u>Dallas, TX 75267-9672</u>	As of the petition filing date, the claim is: <u>\$17,189.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6 Nonpriority creditor's name and mailing address <u>New Way Medical Supply LLC</u> <u>PO Box 679672</u> <u>Dallas, TX 75267-9672</u>	As of the petition filing date, the claim is: <u>\$1,477.74</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7 Nonpriority creditor's name and mailing address <u>Texas United Rebab Therapy Specialists</u> <u>20079 Stone Oak Pkwy Ste. 1230</u> <u>78258</u>	As of the petition filing date, the claim is: <u>\$474.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8 Nonpriority creditor's name and mailing address <u>Verve Cloud</u> <u>10967 Via Frontera</u> <u>San Diego, CA 92127-1703</u>	As of the petition filing date, the claim is: <u>\$1,577.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Rising Sun Health Services, LLC
 Name _____ Case number (*if known*) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a.	Total claims from Part 1	\$0.00
5b.	Total claims from Part 2	+ \$30,823.65
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$30,823.65

Fill in this information to identify the case:

Debtor name Rising Sun Health Services, LLC

United States Bankruptcy Court for the:
Western District of Texas

Case number (if known): _____ Chapter 7

Check if this is an
amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name	Rising Sun Health Services, LLC		
United States Bankruptcy Court for the:	<u>Western</u>	District of	<u>Texas</u>
(State)			
Case number (If known):	<u> </u>		

Check if this is an
amended filing

Official Form 206H**Schedule H: Codebtors**

12/15

**Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively.
Attach the Additional Page to this page.**

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor		
	Name	Mailing address		Name	Check all schedules that apply:
2.1					<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		Street			
		City	State	ZIP Code	
2.2					<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		Street			
		City	State	ZIP Code	
2.3					<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		Street			
		City	State	ZIP Code	
2.4					<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		Street			
		City	State	ZIP Code	

Debtor Rising Sun Health Services, LLC Case number (if known) _____
 Name _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

**Check all schedules
that apply:**

- D
 E/F
 G

- D
 E/F
 G

2.5 _____
Name _____
Mailing address
 Street _____

2.6 _____
Name _____
Mailing address
 Street _____

City _____ State _____ ZIP Code _____

City _____ State _____ ZIP Code _____

Fill in this information to identify the case:

Debtor name Rising Sun Health Services, LLC

United States Bankruptcy Court for the:
Western District of Texas

Case number (if known): _____ Chapter 7

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/R: Assets—Real and Personal Property (Official Form 206A/R)

1a. Real Property:

Copy line 88 from Schedule A/B.....

\$0.00

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$0.00

1c. Total of all property:

Copy line 92 from Schedule A/B.....

\$0.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D.....

\$0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$0.00

3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$30,823.65

4. Total liabilities.....

Lines 2 + 3a + 3b

\$30,823.65

Fill in this information to identify the case.

Debtor name Rising Sun Health Services, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year.

Sources of revenue

Check all that apply

Gross revenue (before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date
MM/ DD/ YYYY

Operating a business

Other _____

For prior year:

From 01/01/2024 to 12/31/2024
MM/ DD/ YYYY MM/ DD/ YYYY

Operating a business

Other _____

\$8,892.27

For the year before that:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

Operating a business

Other _____

\$136,021.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2024 to 12/31/2024
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

Debtor

Rising Sun Health Services, LLC

Name

Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Creditor's name _____ Street _____ City _____ State _____ ZiP Code _____	_____	_____	_____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------

Debtor

Rising Sun Health Services, LLC

Case number (if known)

Name

5.1.

Creditor's name

Street

City State ZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

6.1.

Creditor's name

XXXX- - - - -

Street

City State ZIP Code

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None

7.1.

Case title	Nature of case	Court or agency's name and address	Status of case
New Way Medical Supply LLC vs Rising Sun Health Serviced	Debt collection	224 District Court Bexar County Texas Name Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number	2024-CI-10239	San Antonio, TX 78205 City State ZIP Code	

7.2.

Case title	Nature of case	Court or agency's name and address	Status of case
Rising Sun Health Services, LLC, et al vs. Tiffany & Carlos Graves	Contract dispute	408th District Court of Bexar County Texas Name Street	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	2023-CI- 05743	San Antonio, TX 78205 City State ZIP Code	

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None

Debtor

Rising Sun Health Services, LLC

Name _____

Case number (if known)

Custodian's name and address	Description of the property	Value
Custodian's name		
Street	Case title	Court name and address
		Name
City	Case number	Street
State		
ZIP Code		City
		State
		ZIP Code
	Date of order or assignment	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Date given	Value
Recipient's name			
Street			
City	State	ZIP Code	
Recipient's relationship to debtor			

Part 5: Certain Losses

- 10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred.	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).	Date of loss	Value of property lost

10.1.

Part 6: Certain Payments or Transfers

- 11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Debtor

Rising Sun Health Services, LLC

Case number (if known) _____

Name

11.1. Who was paid or who received the transfer?	If not money, describe any property transferred	Date	Total amount or value
<u>Law Office of David T Cain</u>	<u>Attorney's Fee</u>	<u>9/2024</u>	<u>\$2,000.00</u>
Address			
<u>8626 Tesoro Drive Suite 811</u>			
Street			
<u>San Antonio, TX 78217</u>			
City	State	ZIP Code	
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

12.1. Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
<u>Trustee</u>			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Debtor

Rising Sun Health Services, LLC

Name

Case number (if known)

13.1. Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
Address			
Street			
City State ZIP Code			
Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy
14.1. 4402 Vance Jackson Street	From <u>6/2022</u> To <u>2/2024</u>
San Antonio, TX 78230 City State ZIP Code	
14.1. 2268 El Indio Hwy Street	From <u>12/2021</u> To <u>6/2022</u>
Eagle Pass, TX 78852-6909 City State ZIP Code	
14.1. 263 Jefferson St Street	From _____ To <u>12/2021</u>
Eagle Pass, TX 78852-6844 City State ZIP Code	

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Debtor

Rising Sun Health Services, LLC

Name

Case number (if known)

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Facility name Street City State ZIP Code	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

 No Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator? No. Go to Part 10. Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _____

Has the plan been terminated?

 No Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 IBC Bank Name Street City State ZIP Code	XXXX- <u>8</u> <u>3</u> <u>1</u> <u>0</u>	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____

Debtor

Rising Sun Health Services, LLC

Name

Case number (if known)

18.2 **Chase Bank**

Name

XXXX-6 7 1 7 Checking Savings Money market Brokerage Other

Street

City State ZIP Code

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name			<input type="checkbox"/> No
Street	Address		<input type="checkbox"/> Yes
City State ZIP Code			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name			<input type="checkbox"/> No
Street	Address		<input type="checkbox"/> Yes
City State ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Debtor

Rising Sun Health Services, LLC

Case number (if known)

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
 - *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
 - *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

✓ No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<hr/> Case number <hr/>	Name <hr/> Street <hr/> <hr/> City State ZIP Code	<hr/> <hr/> <hr/>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

MNo

Yes. Provide details below

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City	State ZIP Code	City State ZIP Code	

24. Has the debtor notified any governmental unit of any release of hazardous material?

14

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City	State ZIP Code	City State ZIP Code	

Debtor

Rising Sun Health Services, LLC

Name

Case number (if known) _____

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

 None

Business name and address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
25.1. Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ Dates business existed From _____ To _____

26. Books, records, and financial statements**26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**
 None

Name and address	Dates of service
26a.1. James Lambert Name _____ 1003 Beckett Ste 207 Street _____ San Antonio, TX 78213-1372 City _____ State _____ ZIP Code _____	From 2022 To 2024

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.
 None

Name and address	Dates of service
26b.1. Name _____ Street _____ City _____ State _____ ZIP Code _____	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.
 None

Debtor

Rising Sun Health Services, LLC

Name

Case number (if known) _____

Name and address

26c.1.

James Lambert, CPA

Name

1003 Beckett Ste 207

Street

If any books of account and records are unavailable, explain why

_____**San Antonio, TX 78213-1372**

City

State

ZIP Code

Name and address

26c.2.

Ronnie Muniz

Name

330 Soaring Breeze

Street

If any books of account and records are unavailable, explain why

_____**San Antonio, TX 78253**

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of
Inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor

Rising Sun Health Services, LLC

Name

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
<u>Carlos Graves</u>	<u>3923 Bacall Way Converse, TX 78109</u>	<u>President, Shareholder</u>	<u>20.50%</u>
<u>Tiffany Graves</u>	<u>3923 Bacall Way Converse, TX 78109</u>	<u>, Shareholder</u>	<u>20.50%</u>
<u>Sylvia Muniz</u>	<u>330 Soaring Breeze, San Antonio, TX 78253</u>	<u>Vice President, Shareholder</u>	<u>20.50%</u>
<u>Ronnie Muniz</u>	<u>330 Soaring Breeze, San Antonio, TX 78253</u>	<u>Shareholder</u>	<u>20.50%</u>
<u>Ughunmwam Efcovbokhun</u>	<u>7314 Hovingham San Antonio, TX 78257-1365</u>	<u>Shareholder</u>	<u>18.00%</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From _____
			To _____

30. Payments, distributions, or withdrawals credited or given to Insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. Carlos Graves

Name

3923 Bacall Way

Street

Converse, TX 78109-3683

City

State

ZIP Code

Relationship to debtor

President and owner

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

\$4000.002024

30.2. Sylvia Muniz

Name

330 Soaring Breeze

Street

San Antonio, TX 78253

City

State

ZIP Code

Relationship to debtor

\$4000.002024

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

 No

Debtor

Rising Sun Health Services, LLC

Case number (if known) _____

Name

 Yes. Identify below.**Name of the parent corporation****Employer identification number of the parent corporation**

EIN: -----

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund? No Yes. Identify below.**Name of the pension fund****Employer identification number of the pension fund**

EIN: -----

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/01/2025
MM/ DD/ YYYY

X Carlos Graves

Printed name _____

Carlos Graves

Signature of individual signing on behalf of the debtor

Position or relationship to debtor _____ President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

 No Yes

Fill in this information to identify the case:

Debtor name	<u>Rising Sun Health Services, LLC</u>
United States Bankruptcy Court for the:	<u>Western District of Texas</u>
Case number (if known):	_____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206A-Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/02/2025
MM/ DD/ YYYY

X Carlos Graves

Signature of individual signing on behalf of debtor

Carlos Graves
Printed name

President
Position or relationship to debtor

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Western District of Texas

In re Rising Sun Health Services, LLC

Case No. _____

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$2,000.00</u>
Prior to the filing of this statement I have received	<u>\$2,000.00</u>
Balance Due	<u>\$0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

David Cain
Signature of Attorney

Bar Number: 03598800
Law Office of David T Cain
8626 Tesoro Drive Suite 811
San Antonio, TX 78217
Phone: (210) 308-0388

Law Office of David T Cain

Name of law firm

CTWP
PO Box 660381
Dallas, TX 75266

DME Express
1400 S Garnett Rd, Suite 230
Tulsa, OK 74146

Enclara Healthcare
PO Box 745719
Atlanta, GA 30374

Law Office of David T Cain
8626 Tesoro Drive Suite 811
San Antonio, TX 78217

Maverick Ambulance Service
1320 E Garrison St
Eagle Pass, TX 78852-4926

New Way Medical Supply LLC
Po Box 679672
Dallas, TX 75267-9672

New Way Medical Supply LLC
PO Box 679672
Dallas, TX 75267-9672

Rising Sun Health Services, LLC
4400 Vance Jackson Rd, Suite 224
San Antonio, TX 78230-5323

Texas United Rebab Therapy
Specialists
20079 Stone Oak Pkwy Ste. 1230
78258

Verve Cloud
10967 Via Frontera
San Diego, CA 92127-1703

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

IN RE: Rising Sun Health Services, LLC

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 04/02/2025

Signature Carlos Graves

Carlos Graves, President